

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587345

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/	51						
2	/	/	/	/	/	/	52						
3	/	/	/	/	/	/	53						
4	3						54						
5	3						55						
6	3						56						
7	0						57						
8	0						58						
9	/	/	/	/	/	/	59						
10	/	/	/	/	/	/	60						
11	/	/	/	/	/	/	61						
12	/	3	/				62						
13		0					63						
14		0					64						
15		0					65						
16		0					66						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2										
TOTAL DEP.			4										
TOTAL CLAIMS			6										